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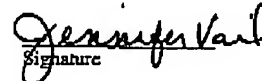
APR 07 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stone
Serial No.: 10/714,154
Conf. No.: 2381
Customer No.: 33123
Filed: November 14, 2003
For: MEDICAL INJECTION DEVICE
Art Unit: 3767
Examiner: Kennedy, Sharon E.

CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR 1.6(d)

I hereby certify that this paper and the attached papers
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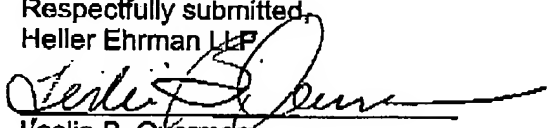
The following document is submitted herewith:

1. Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address (PTO/SB/82); and
2. Statement Under 37 CFR 3.72(b).

If anything further is required, please do not hesitate to contact the undersigned.

Respectfully submitted,
Heller Ehrman LLP

By:


Leslie B. Overman
Registration No. 48,541

Attorney Docket: 40009-0020B
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SD 804636 v1 (40009.0020)

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/714,154
Filing Date	11/14/03
First Named Inventor	Stone
Art Unit	3767
Examiner Name	KENNEDY, SHARON E
Attorney Docket Number	40009-0020B

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

33123

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

33123

OR

☐ Firm or
 Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/96 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Artes Medical USA, Inc.Application No./Patent No./Control No.: 10/714,154 Filed/Issue Date: 11/14/03

Medical Injection Device

Entitled:

Artes Medical USA, Inc.

, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

States that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011669, Frame 0369, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Stefan Lemperle, M.D.

Signature

STEFAN LEMPERLE, M.D.

Printed or Typed Name

CEO

Title

04.04.06

Date

619/302-7777

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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